



Metro-Boston Homeland Security
Health Care Sub-Committee

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Proposal for:

**The Medical and Public Safety Challenges
Surrounding a Hospital Evacuation,
A Metro Boston Homeland Security Region
Table Top Exercise**

Submitted By:
MBHSR Health Care Sub-Committee

Date:
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Maureen McMahon, Alternate Chairperson

In Brief:

Title The Medical and Public Safety Challenges Surrounding a Hospital Evacuation, A Metro Boston Homeland Security Region Table Top Exercise

Date Wednesday December 7, 2005

Topic A Table Top Exercise designed to explore the challenges that will face Public Safety Agencies and the Medical/Public Health communities in the event of an IED-induced acute evacuation of a hospital. This Table Top Exercise will be both multi-disciplinary and multi-jurisdictional; it will involve participants and observers from local, regional, and state agencies. It will include some limited fund sharing and in-kind cost contributions from participating agencies and organizations.

Requestor Agency:

The primary agency with project oversight and responsibility is the Health Care Subcommittee of the Metro Boston Homeland Security Region (MBHSR). Boston EMS, the Boston Public Health Commission (BPHC), the Conference of Boston Teaching Hospitals (COBTH) and the DelValle Institute for Emergency Preparedness will assist the Health Care Committee as project partners for the purposes of drill design and scenario scripting.

The DelValle Institute, given its extensive experience in providing trainings and hosting large-scale events (e.g., Hospital Surge Summits, DelValle Lecture Series) and given the emergency medical care expertise of its staff, will serve as the coordinating agency for event funding, logistics, and registration.

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Table Top Exercise Overview:

The table top exercise will follow a scenario first-tested in March of 2005 amongst the medical and public health communities in the MBHSR during FEMA's Integrated Emergency Management Course (IEMC). The scenario, as described in an early draft of the IEMC After-Action report, was considered a secondary event that instead drew significant attention and resources from the hospital participants.

Exercise 2, Scenario B: A VBIED Exploded at One Critical Care Facility

At 12:00 PM, an emergency vehicle wired with a vehicle-born improvised explosive device (VBIED) parked at Boston Medical Center. The ambulance used was parked near the loading dock adjacent to the hospital's critical care facility entrance. At 12:15 PM, the VBIED was detonated using timed-device, causing over 100 casualties among the crowd gathered around the hospital, hospital staff, and arriving first responders (mainly from the blast debris). The bomb also caused severe structural damage and induced mass hysteria at the Boston Medical Center campus.¹

The exercise will have four distinct phases over the course of the day, designed to test the response and recovery capability of all participating organizations and agencies. Phase I concerns the Notification and Activation of a bombing at Boston Medical Center. Phase II is described as Casualty Response, and will test onsite triage (EMS), medical care and plans for patient transfer (HC), route protection and perimeter control (LE), and rescue operations (FS).

The third phase of the exercise is a Surge Event, which will involve a coordinated response from all disciplines to account for the safe and secure transfer of over 200 BMC patients to other hospitals within the MBHSR. The day will conclude with Phase IV, a Wrap Up discussion and directed debrief involving all participants. A debrief of controllers, evaluators and exercise staff will follow separately after the conclusion of the day's events.

¹ Draft, Integrated Emergency Management Courses for Metropolitan Medical Response System. August 31, 2005. Page 6.

Objectives:

The proposed table top exercise simulating an explosion, the result of an improvised ambulance bomb near Boston Medical Center's emergency department, is designed to challenge the response and recovery capabilities of the Public Safety agencies and of the Medical/Public Health communities within the MBHSR. It includes an entire phase of the exercise dedicated to communication and notifications throughout the region and across disciplines.

The table top exercise addresses three of the National Planning Scenarios published by the Department of Homeland Security (DHS). The table top scenario directly addresses National Planning Scenario # 12: Explosives Attack—Bombing Using Improvised Explosive Devices. By testing the MBHSR response to an IED, the table top will help to address National Initiatives C (*Attacks Involving Improvised Explosive Devices*)² & G (*Catastrophic Incident Planning*)³ that were included in the FY 2005 Homeland Security Grant Program guidance.

Indirectly the table top scenario will address one of the consequences—namely hospital evacuations—that would be addressed in National Planning Scenario # 9: Natural Disaster—Major Earthquake and National Planning Scenario # 10: Natural Disaster—Major Hurricane. As was clearly seen during the events of Hurricane Katrina, and to a lesser extent in the hours leading up to Hurricane Rita, in many circumstances a major natural disaster would require the acute evacuation of a hospital either before the disaster struck or in its immediate aftermath.

In fact, the challenges around sustaining medical services in damaged facilities or in moving patients to facilities or areas where they can receive proper treatment are cited in both of the Natural Disaster National Planning Scenarios, on pages 107 and 108 (under National Planning Scenario # 9: Major Earthquake) and on pages 115, 117 and 119 (under National Planning Scenario # 9: Major Hurricane).

Drawing on published guidance from the Department of Homeland Security, the proposed table top exercise will serve as an assessment of the MBHSR's target capabilities in relation to the Medical Surge Response Capability. Although the exercise will test a number of critical tasks under the heading of the Medical Surge Capability (as well as the Triage and Pre-Hospital Treatment and also Medical Supplies Management and Distribution Capabilities), the most direct of the critical tasks that will be addressed in this hospital evacuation table top is the requirement to: "create plans and systems for mass movements of patients"⁴.

In addition to satisfying national preparedness guidance, the proposed table top exercise will also help to achieve many of the Tasks and Objectives listed in the Metro Boston

2 Department of Homeland Security, FY 2005 Homeland Security Grant Program Guidance, pages 50-51.

3 Department of Homeland Security, FY 2005 Homeland Security Grant Program Guidance, page 55.

4 Department of Homeland Security, Target Capabilities List. Page 131, Response C.1 1.1.2.6.

Homeland Security Regional Plan, as outlined for FY 2004 and FY 2005. Among the most relevant Tasks and Objectives from the Metro Boston Homeland Security Regional Plan, the following (Projects B, I & J, and N & O) are the most clearly applicable to the Health Care Committee or the medical community in general that would result from this table top:

Project B, Exercise Task # 2

Hospitals will continue annual individual facility drills tailored to meet their individual training needs and regulatory requirements. Working with COBTH and MBHSR agencies, health care facilities will participate in multi-agency or community wide drills at least once per year. Tabletop and full-scale exercises will be scheduled in collaboration with OHS (LONG TERM; HC; G1-O3-dIS#2).

Projects I & J, Planning Task # 14

The Public Health Committee will assess the capacity of MBHSR health care systems to care for victims of a CBRNE WMD attack, and develop a plan to augment that capacity. Physical resources will be reviewed, such as staffing (including staff and volunteers who can be brought in from other states and local jurisdictions, if necessary) and equipment, and other logistical issues related to the care of an attack. Agreements will also be developed to obtain needed equipment and supplies on short notice between agencies (SHORT TERM; PH; G2-O2-aIS#9).

Projects I & J, Exercise Task # 1

The Public Health Committee, in collaboration with the EMS and Health Care Workgroups, will work to conduct tabletop exercises regarding key public health issues concerning CBRNE WMD threats or attacks. Participants will be identified, including hospital staff and staff from alternative providers such as HMOs, school nurses, and correctional staff (CRITICAL; PH; G2-O2-eIS#1).

Projects N & O, Planning Task # 7

The Health Care Committee will work to develop an overall consolidated response plan for hospitals to effectively return to “business as usual” following an incident (LONG TERM; HC; G3-O1-aIS#7).

Projects N & O, Exercise Task # 1

The MBHSR committees will conduct exercises concerning recovery operations. The exercises will look at all aspects of recovery from the five CBRNE materials, from the viewpoints of the ten disciplines. We will attempt to follow the process through the incident to the cost recovery phases. (LONG TERM; ALL; G3-O1-eIS#1).

Agenda:

The anticipated agenda for the Hospital Evacuation Table Top Exercise will have participants arriving at 8:00 AM for registration, with exercise support staff arriving a half an hour earlier. Exercise staff will be comprised of DelValle Institute staff, Boston EMS, BPHC and COBTH personnel, and the hospital disaster coordinators.

8:00	Registration and Continental Breakfast
8:30	Welcoming Remarks
8:45	Introduction & Exercise Overview
9:00	Tabletop Commences
12:00	Lunch
12:30	Tabletop (continues)
2:30	Brief Break
2:45	Directed Debrief
3:45	Closing Remarks (<i>Note: Controller and Evaluator debrief will follow separately</i>)
4:00	Adjourn

Participants:

Because the primary focus of the Hospital Evacuation Table Top exercise will be on the response and recovery stages following an IED explosion at a local hospital, the will involve close participation from all six major disciplines and the respective discipline committees in the MBHSR.

Boston EMS and private ambulance providers, local law enforcement, and local fire departments will be heavily involved in the response phase of operations, and will still assume active roles in the recovery phase. Local and state public health departments will be only peripherally involved in the response phase of the operation, but will assume a larger role when events progress to the recovery stage. The 16 MBHSR hospitals will be closely involved in both the response and recovery operations.

Each of the hospitals within the Metro Boston Homeland Security Region will be assigned a table with seating for up to 10 persons; it is hoped that hospitals will bring a full range of personnel that includes ED physicians and nurses, and staff from the environmental safety, laboratory safety, pharmacy, public information, and security departments. The Veterans Administration hospitals, as a critical link between the local health care systems and the available assets at a federal level, from the greater Boston area (West Roxbury, Jamaica Plain, etc.) would also be invited to send a team. Additionally, hospitals in surrounding areas (Regions 4A and 4B) will be invited to send observers to the table top exercise.

Other invited participants will include the Mayor's Office of Homeland Security (MOHS) and the Boston Emergency Management Agency (BEMA), the Mayor's Press Office, BPHC and Boston EMS, private ambulance providers (Fallon, Cataldo, Professional), Boston MedFlight, the DelValle Institute, the Boston Police and Boston Fire Departments, and representatives from the other police and fire departments within the MBHSR.

Invited regional or state participants will include the Massachusetts Department of Public Health (DPH), the Massachusetts State Police, the Massachusetts Executive Office of Public Safety (EOPS), the Massachusetts Emergency Management Agency (MEMA), the American Red Cross, and others.

Project Budget Proposal:

The estimated cost for The Medical and Public Safety Challenges Surrounding a Hospital Evacuation, A Metro Boston Homeland Security Region Table Top Exercise is approximately \$30,000.

The DelValle Institute for Emergency Preparedness, a program of Boston EMS and the Boston Public Health Commission, has agreed to organize registration and logistics for this tabletop exercise, and to cover direct expenses incurred through its existing training MOU with the Mayor's Office of Homeland Security. Specifically, UASI funding for this exercise will be used for the procurement of physical meeting space suitable for the interactive and modular nature of a tabletop exercise, as well as catering costs for a working lunch and breaks as scheduled. Funding will also support the fee for a consultant to record participant comments during a Directed Debrief and to write up a formal After Action Report (AAR).

The Conference of Boston Teaching Hospitals (COBTH) and the Metropolitan Medical Response System (MMRS) have each agreed to provide approximately \$500 in materials, supplies, and in kind staff support for the creation and printing of exercise related booklets, scenario event lists, controller forms, and the like.

A	B	C	D	E	F	G
#	Item Description	Estimated Item Cost	Organizational Contribution	Requested MBHSR Contribution	Other Funding Sources Contribution	Fund Discrepancies (C-D-E-F)
1	Conference Facilities	\$13,500		0.00	\$13,500 (DelValle Event Funding)	0.00
2	Event Catering	\$13,500		0.00	\$13,500 (DelValle Event Funding)	0.00
3	Printing & Supplies	\$1,000	\$500 COBTH \$500 MMRS	0.00	0.00	0.00
4	After Action Report	\$2,000		\$0.00	\$2,000 (DelValle Event Funding)	0.00

Project Budget Narrative:*Conference Facilities:*

The estimated cost of reserving a conference room with both sufficient seating capacity and the Audio/Visual capabilities to support the table top exercise is \$13,500. This cost will be assumed by the DelValle Institute as part of its events budget under its existing MOU with MOHS.

Event Catering:

The estimated cost for continental breakfast, lunch, and refreshments for all participants is \$13,500. This cost will be assumed by the DelValle Institute as part of its events budget.

Printing and Supplies:

The estimated cost for printing, supplies, and exercises handouts is \$1,000. The costs for preparation and printing, and the staff time associated with it, will be assumed as an in-kind contribution from COBTH and MMRS.

After Action Report:

The estimated cost for a consultant to observe the entire table top exercise, record comments during the directed debrief and the debrief with the controllers, evaluators, and exercise support staff, and to compile the final After Action Report is approximately \$2,000. This cost will be assumed by the DelValle Institute as part of its events budget.

Timeline:

The exercise is tentatively scheduled to occur on Wednesday December 7th; if this proposal for funding is approved, logistical arrangements will be finalized immediately and a 'Save the Date' notice will go out as soon as possible. An informational flyer or brochure along with registration information will be sent out by no later than Friday October 14th. Ideally the flyer and brochure will be ready in time for distribution on October 12th at the Health Care Pandemic Flu TTX. The first draft of an After-Action Report will be due on January 6th, with a tentative final release date of January 20th.